

# Lobbying Firm Activity Authorization

(Government Code Section 86104)

Check one box, if applicable

☒ **Lobbyist Employer**  
(Gov. Code Section 82039.5)

☐ **Lobbying Coalition**  
(FPPC Regulation 18616.4)

Type or Print in ink

Legislative Session

2009 2010  
(Insert Years)

CALIFORNIA  
FORM

602

FAIR POLITICAL PRACTICES COMM.  
For Official Use Only

NAME OF FILER:

John Robert Powers, Inc.

EFFECTIVE DATE:

04/29/2009

TELEPHONE NUMBER:

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

SACRAMENTO

CA

95815

FAX NUMBER: (Optional)

MAILING ADDRESS: (If different than above.)

E-MAIL: (Optional)

CAPITOL ADVOCATES

I hereby authorize

(Name of Lobbying Firm)

Sacramento Ca 95814

(Business Address)

to engage in the activities of a lobbying firm (as defined in California Government Code Section 82038.5 and 2 Cal. Code of Regs. Section 18238.5) on behalf of the above named employer.

If you are authorizing another lobbying firm to lobby on behalf of your firm's client(s), provide the name(s) of the client(s) below. (It is not necessary to complete the Nature and Interests section.)

Please see attached pages

## VERIFICATION

I have used all reasonable diligence in preparing this Statement. I have reviewed this Statement and to the best of my knowledge the information contained herein is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 04/29/2009  
DATE

By Brian McLaughlin  
SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer Brian McLaughlin  
PRINT OR TYPE

Title General Counsel

Nature and Interests of Lobbyist Employer

Check **one** box only:

☐ INDIVIDUAL (Complete only Parts A and E)

☒ BUSINESS ENTITY (Complete only Parts B and E)

☐ INDUSTRY, TRADE OR PROFESSIONAL ASSN. (Complete only Parts C and E)

☐ OTHER (e.g., lobbying coalition) (Complete only Parts D and E)

A. Individual

1. Name and address of employer (or principal place of business if self-employed):

2. Description of business activity in which you or your employer are engaged:

B. Business Entity

Description of business activity in which engaged:

Talent & Modeling Agency

C. Industry, Trade or Professional Association

1. Description of industry, trade, or profession represented:

2. Specific description of any portion or faction of the industry, trade, or profession which the association exclusively or primarily represents:

3. Number of members in association (check appropriate box)

☐ 50 OR LESS (provide names of all members on an attachment.)

☐ MORE THAN 50

D. Other

1. Statement of nature and purposes:

2. Description of any trade, profession, or other group with a common economic interest which is principally represented or from which membership or financial support is principally derived:

E. Industry Group Classification

Check one box which most accurately describes the industry group which you represent. See instructions on reverse.

☐ AGRICULTURE

☒ EDUCATION

☐ GOVERNMENT

☐ HEALTH

☐ LABOR UNIONS

☐ LEGAL

☐ PUBLIC EMPLOYEES

☐ POLITICAL ORGANIZATIONS

☐ UTILITIES

☐ OTHER: \_\_\_\_\_  
(Describe in detail)

BUSINESS (Check one of the following sub-categories.)

☐ ENTERTAINMENT/RECREATION

☐ FINANCE/INSURANCE

☐ LODGING/RESTAURANTS

☐ MANUFACTURING/INDUSTRIAL

☐ MERCHANDISE/RETAIL

☐ OIL AND GAS

☐ PROFESSIONAL/TRADE

☐ REAL ESTATE

☐ TRANSPORTATION

☐ OTHER: \_\_\_\_\_  
(Specific Description)

FPPC Form 602 (7/98)

For Technical Assistance: 916/322-5660